

United States Bankruptcy Court for the Northern District of Iowa

Name of Debtor: MERCY HOSPITAL, IOWA CITY, IOWA

Case Number: 23-00623

For Court Use Only

Claim Number: 0000010084

File Date: 09/20/2023 15:58:20

Proof of Claim (Official Form 410)

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. With the exception of 503(b)(9), do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

04/22

Part 1: Identify the Claim

1. Who is the current creditor?

Name of the current creditor (the person or entity to be paid for this claim): UnitedHealthcare Insurance Company

Other names the creditor used with the debtor: _____

2. Has this claim been acquired from someone else? ☒ No ☐ Yes. From whom? _____

3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Name UnitedHealthcare Insurance Company

Address ATTN: CDM/Bankruptcy

185 Asylum Street - 03B

City Hartford

State CT ZIP Code 06103

Country (if International): _____

Phone: _____

Email: _____

Where should payments to the creditor be sent? (if different)

Name _____

Address _____

City _____

State _____ ZIP Code _____

Country (if International): _____

Phone: _____

Email: _____

4. Does this claim amend one already filed?

☒ No

☐ Yes.

Claim number on court claims register (if known) _____

Filed on _____

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes.

Who made the earlier filing?

6. Do you have any number you use to identify the debtor? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <div>0391</div>	7. How much is the claim? 173,971.52 \$ Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).	8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Other Basis Claims overpayment
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9. Is all or part of the claim secured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ Amount of the claim that is secured: \$ Amount of the claim that is unsecured: \$ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	10. Is this claim based on a lease? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of petition. \$ 11. Is this claim subject to a right of setoff? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property:
	12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check one:</i> <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507 (a) () that applies. * Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Does this claim qualify as an Administrative Expense under 11 U.S.C. § 503(b)(9)?
☒ No
☐ Yes. **Amount that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9):** \$

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor’s attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Priya Muthu09/20/2023 15:58:20

SignatureDate

Provide the name and contact information of the person completing and signing this claim:

NamePriya Muthu

Address185 Asylum Street - 03B

CityHartford

StateCTZip06103

Country (in international)

Phone

Email



September 20, 2023

Mercy Hospital, Iowa City, Iowa

Chpt. 11 Bankruptcy

Filed: 9/7/23 | Case No. 23-00623

Reservation of Rights:

UnitedHealthcare Insurance Company ("United") reserves its right to amend this claim to further liquidate the amount of overpayment owed by the Debtor to United based on the results of United's ongoing audit of claims submitted by the Debtor.

Provider Tin	Provider Name	State	Date of Service	Amount of Claim Paid by UHC	Claim Audit Amount	Balance Due	Collection Description
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$1,106.17	\$539.55	\$539.55	Claim should have allowed \$566.62 for all services. Patient DOB [REDACTED] Patient Medicaid ID# [REDACTED].
420680391	MERCY HOSPITAL	IA	2019	\$298.37	\$298.37	\$298.37	Corrected claim received and processed under number 19G016359002 on 12/12/2019 with check 2019121212900418.
420680391	MERCY HOSPITAL	IA	2021	\$10,143.09	\$10,143.09	\$10,143.09	Member had primary coverage through other carrier for this date of service. Please submit claim to primary carrier for reimbursement.
420680391	MERCY IOWA CITY	IA	2022	\$457.53	\$440.66	\$440.66	Paid as primary in error. According to EOB submitted primary paid \$151.83 leaving \$16.87 as correct responsibility.
420680391	MERCY IOWA CITY	IA	2022	\$1,791.45	\$1,708.71	\$1,708.71	Paid as primary in error. According to EOB submitted primary paid \$744.70 leaving \$82.74 as correct responsibility.
420680391	MERCY IOWA CITY	IA	2022	\$514.07	\$495.13	\$495.13	The claim was processed using your contracted rate. The member is only responsible for any applicable copay, coinsurance or deductible.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2021	\$3,537.27	\$56.52	\$56.52	Please refund -Corrected bill submitted
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2023	\$1,913.72	\$1,913.72	\$1,913.72	Please refund -Corrected bill submitted
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$22,113.63	\$7,703.72	\$7,703.72	Sufficient supporting documentation was not found within the submitted medical record to validate this diagnosis.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2018	\$4,022.72	\$4,022.72	\$4,022.72	Claim paid as primary instead of paying as secondary as per edit set. EOB is missing
420680391	MERCY HOSPITAL/PROF FEES	IA	2018	\$149.09	\$149.09	\$149.09	others prime
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2021	\$482.39	\$482.39	\$482.39	Corrected bill received on A# 061415776 causing an overpayment.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$60.65	\$60.65	\$60.65	Member had primary coverage through other carrier for this date of service. Please submit claim to primary carrier for reimbursement.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$12,267.95	\$8,723.81	\$8,723.81	Overpayment due to DRG review CCDLT A CC code was deleted
420680391	NAOMI S WHALEN M.D.	IA	2018	\$166.93	\$166.93	\$166.93	Member had primary coverage through other carrier for this date of service. Please submit claim to primary carrier for reimbursement.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2019	\$5.63	\$5.63	\$5.63	Claim paid to incorrect provider number

420680391	NIELSEN, M.D., BYRON	IA	2022	\$132.50	\$132.50	\$132.50	Claim paid to incorrect provider number
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2023	\$3,151.15	\$3,151.15	\$3,151.15	Corrected claim received and processed under number 040754401 paid via EFT on 05/26/2023.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$108.44	\$108.44	\$108.44	Corrected bill submitted
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2023	\$24.94	\$24.94	\$24.94	Corrected bill submitted
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$75.71	\$75.71	\$75.71	Claim paid for services not rendered
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$0.01	\$0.01	\$0.01	Corrected bill submitted
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$8,737.29	\$5.65	\$5.65	Corrected claim received and processed under claim number 069747804 paid via EFT on 07/12/23.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$16.90	\$16.90	\$16.90	Corrected bill submitted
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2023	\$147.98	\$147.98	\$147.98	Corrected bill submitted
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$20,725.61	\$6.02	\$6.02	Corrected claim received and processed under claim number 041930443 paid via EFT on 07/21/23.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2023	\$14,314.09	\$13.94	\$13.94	Corrected claim received and processed under claim number 012863575 paid via EFT on 07/26/23.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$9,742.18	\$0.42	\$0.42	Corrected claim received and processed under claim number 041869340 paid via EFT on 08/04/23.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2023	\$7,022.07	\$3,060.55	\$3,060.55	Sufficient supporting documentation was not found within the submitted medical record to validate this diagnosis.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2023	\$7,057.87	\$1,605.10	\$1,605.10	A DRG review was performed which resulted in a change in DRG from 872 to 392.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2023	\$6,335.99	\$1,479.70	\$1,479.70	Sufficient supporting documentation was not found within the submitted medical record to validate this diagnosis.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2023	\$13,234.59	\$3,434.87	\$3,434.87	Sufficient supporting documentation was not found within the submitted medical record to validate this diagnosis.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2023	\$10,618.60	\$6,100.37	\$6,100.37	Sufficient supporting documentation was not found within the submitted medical record to validate this diagnosis.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$4,752.59	\$1,285.75	\$1,285.75	Overpayment due to DRG review CCDLT A CC code was deleted
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$5,219.16	\$1,550.59	\$1,550.59	A DRG review was performed which resulted in a change in DRG from 872 to 690.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$12,754.36	\$4,293.99	\$4,293.99	A DRG review was performed which resulted in a change in DRG from 854 to 660.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2023	\$32,830.67	\$15,470.87	\$15,470.87	Sufficient supporting documentation was not found within the submitted medical record to validate this diagnosis.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$6,411.60	\$2,379.08	\$2,379.08	Overpayment due to DRG review DXREV The principal diagnosis was revised
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2023	\$37.63	\$37.63	\$37.63	Per CMS Medicare Claims Processing Manual 100-04 Ch. 6 the services on this claim should not be separately reimbursed as they are covered under the SNF Consolidated Billing inpatient stay at CRESTVIEW SPECIALTY CARE
420680391	DANIEL J LEARY M.D.	IA	2022	\$202.25	\$102.42	\$102.42	Services do not meet coverage requirements.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$6,897.37	\$1,263.23	\$1,263.23	A DRG review was performed which resulted in a change in DRG from 291 to 194. Please refer the letter for more details.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2021	\$4,879.03	\$1,784.60	\$1,784.19	A DRG review was performed which resulted in a change in DRG from 291 to 292. Please refer the letter for more details.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2023	\$11,961.41	\$1,770.83	\$1,770.83	A DRG review was performed which resulted in a change in DRG from 871 to 371. Please refer the letter for more details.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2023	\$14,173.07	\$4,289.59	\$4,289.59	A DRG review was performed which resulted in a change in DRG from 854 to 660. Please refer the letter for more details.

420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2023	\$6,852.89	\$2,281.92	\$2,281.92	A DRG review was performed which resulted in a change in DRG from 189 to 191. Please refer the letter for more details.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2021	\$29,830.32	\$4,052.46	\$4,052.46	Sufficient supporting documentation was not found within the submitted medical record to validate this diagnosis.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$11,739.72	\$9,231.34	\$9,231.34	NA
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$36,323.13	\$24,716.88	\$24,716.88	A DRG review was performed which resulted in a change in DRG from 871 to 603.
420680391	MERCY IOWA CITY	IA	2022	\$2,748.42	\$2,748.42	\$2,748.42	These services were paid originally with claim DK63906153 paid on 7/28/2022. Corrected claim DV44508354 received. The amount shown has been applied to the member's deductible.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$64,114.18	\$27,711.87	\$3,490.85	Please refund -Corrected bill submitted
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$23,561.80	\$523.03	\$523.03	Denied CPT HCPCS Codes 96365 96361 J0696 of D Method of PaymentCPT Code 96365 DeniedAllow 000 Patient Responsibility 000 New Paid 000Org Paid 26741 New Paid 000 Overpaid 26741CPT Code 96361 DeniedAllow 000 Patient Responsibility 000 New Paid 000Or
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$634.94	\$634.94	\$634.94	Please refund -Provider billed in error
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2018	\$41.55	\$41.55	\$41.55	This was a duplicate/overpayment between the health insurance carrier and other insurance.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2018	\$4,695.63	\$4,695.63	\$4,695.63	This was a duplicate/overpayment between the health insurance carrier and other insurance.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2019	\$2,572.00	\$2,572.00	\$2,572.00	This was a duplicate/overpayment between the health insurance carrier and other insurance.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$25.00	\$25.00	\$25.00	This claim was reconsidered by UnitedHealthcare medical benefits. We are seeking the Healthcare Reimbursement payment of \$25.00, issued on 08/01/22 on check number SG 11508401.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2022	\$29,867.21	\$4,266.74	\$4,266.74	According to the transfer language in section 3.8.1 of your contract a reduction in the DRG 488 case rate should have been applied to this claim. Payment should have been the 1st day at 2 times the Imputed Per Diem rate of \$8533.49 + 1 additional day at the Imputed Per Diem for a total of \$25600.47. Imputed Per Diem= Base rate \$13162.00 x RW 2.2692 divided by GMLOS 3.5.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2023	\$32,317.97	\$9,826.74	\$9,826.74	A DRG review was performed which resulted in a change in DRG from 330 to 331.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2020	\$126.03	\$39.06	\$39.06	Please refund -Corrected bill submitted
420680391	KATHERINE YAMBAO IGNACIO	IA	2021	\$1,047.00	\$1,001.23	\$922.94	This is a Non Duplication of Benefits Plan. Benefits are not available when the payment by the primary carrier is the same as or more than the normal United Healthcare payment. Medicare allowable is \$228.88 and the normal United Healthcare benefit is \$228.88 and Medicare paid \$183.11. The correct United Healthcare benefit is \$45.77.
420680391	MERCY HOSPITAL IOWA CITY IOWA	IA	2021	\$23,517.59	\$13,398.91	\$13,398.91	Sufficient supporting documentation was not found within the submitted medical record to validate this diagnosis.

Total Balance Due	\$173,971.52
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United States Bankruptcy Court for the Northern District of Iowa	
Name of Debtor: MERCY SERVICES IOWA CITY, INC. Case Number: 23-00624	For Court Use Only Claim Number: 0000010086 File Date: 09/20/2023 16:14:44

Proof of Claim (Official Form 410)

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. With the exception of 503(b)(9), do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

04/22

Part 1: Identify the Claim	
1. Who is the current creditor? Name of the current creditor (the person or entity to be paid for this claim): <u>UnitedHealthcare Insurance Company</u> Other names the creditor used with the debtor: _____	
2. Has this claim been acquired from someone else? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	
Where should notices to the creditor be sent? Name <u>UnitedHealthcare Insurance Company</u> Address <u>ATTN: CDM/Bankruptcy</u> <u>185 Asylum Street - 03B</u> <u>Hartford</u> City State <u>CT</u> ZIP Code <u>06103</u> Country (if International): _____ Phone: _____ Email: _____	Where should payments to the creditor be sent? (if different) Name _____ Address _____ _____ _____ City _____ State _____ ZIP Code _____ Country (if International): _____ Phone: _____ Email: _____
4. Does this claim amend one already filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims register (if known) _____ Filed on _____ <div style="text-align: center;">MM / DD / YYYY</div>	5. Do you know if anyone else has filed a proof of claim for this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____

6. Do you have any number you use to identify the debtor? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 1044	7. How much is the claim? 4,722.29 \$ Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).	8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Other Basis Claims overpayment
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9. Is all or part of the claim secured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ Amount of the claim that is secured: \$ Amount of the claim that is unsecured: \$ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	10. Is this claim based on a lease? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of petition. \$ 11. Is this claim subject to a right of setoff? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property:
	12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check one:</i> <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507 (a) () that applies. * Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Does this claim qualify as an Administrative Expense under 11 U.S.C. § 503(b)(9)?
☒ No
☐ Yes. **Amount that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9):** \$

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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Check the appropriate box:

- ☒ I am the creditor.
- ☐ I am the creditor’s attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Priya Muthu

09/20/2023 16:14:44

Signature

Date

Provide the name and contact information of the person completing and signing this claim:

Name

Priya Muthu

Address

185 Asylum Street - 03B

City

Hartford

State

CT

Zip

06103

Country (in international)

Phone

763-292-6876

Email

priya_muthu@uhc.com



September 20, 2023

Mercy Services Iowa City, Inc.

Chpt. 11 Bankruptcy

Filed: 8/7/23 | Case No. 23-00624

Reservation of Rights:

UnitedHealthcare Insurance Company ("United") reserves its right to amend this claim to further liquidate the amount of overpayment owed by the Debtor to United based on the results of United's ongoing audit of claims submitted by the Debtor.

Provider Tin	Provider Name	State	Date of Service	Amount of Claim Paid by UHC	Claim Audit Amount	Balance Due	Collection Description
421241044	MARGARET T EKROTH MD	IA	2022	\$5,403.81	\$4,539.20	\$2,821.54	Please refund -Corrected bill submitted
421241044	DUSTAFF R PERSAUD P.A.	IA	2022	\$88.51	\$88.51	\$88.51	Member had primary coverage through other carrier for this date of service. Please submit claim to primary carrier for reimbursement.
421241044	DUSTAFF R PERSAUD P.A.	IA	2022	\$89.41	\$89.41	\$89.41	Member had primary coverage through other carrier for this date of service. Please submit claim to primary carrier for reimbursement.
421241044	DUSTAFF R PERSAUD P.A.	IA	2022	\$90.72	\$90.72	\$90.72	Member had primary coverage through other carrier for this date of service. Please submit claim to primary carrier for reimbursement.
421241044	DUSTAFF R PERSAUD P.A.	IA	2022	\$125.42	\$125.42	\$125.42	Member had primary coverage through other carrier for this date of service. Please submit claim to primary carrier for reimbursement.
421241044	DUSTAFF R PERSAUD P.A.	IA	2022	\$244.52	\$244.52	\$244.52	Member had primary coverage through other carrier for this date of service. Please submit claim to primary carrier for reimbursement.
421241044	DAVID R SHEFF MD	IA	2023	\$105.97	\$25.00	\$25.00	Please refund -Unbundled service - disallowed service considered inclusive of another billed service on same date of service by same provider
421241044	BRUNKHORST, D.O., LUKE W.	IA	2022	\$63.05	\$63.05	\$63.05	Corrected bill submitted
421241044	BRUNKHORST, D.O., LUKE W.	IA	2022	\$237.91	\$237.91	\$237.91	Corrected bill submitted
421241044	SULIEMAN, M.D., BUSHRA MOHAMMED I.	IA	2022	\$15.68	\$3.58	\$3.58	Corrected claim received and processed under claim number 88835087 01 paid via EFT on 07/31/23.
421241044	UDELHOFEN, D.O., STEVEN M.	IA	2023	\$190.89	\$190.89	\$190.89	Contract interpretation
421241044	UDELHOFEN, D.O., STEVEN M.	IA	2023	\$11.88	\$11.88	\$11.88	Contract interpretation
421241044	UDELHOFEN, D.O., STEVEN M.	IA	2023	\$65.80	\$65.80	\$65.80	Contract interpretation
421241044	JARRARD, N.P., KELCEE K.	IA	2018	\$47.24	\$47.24	\$47.24	Other Prime
421241044	CHRISTOPHER SCHUSTER MD	IA	2021	\$105.31	\$89.37	\$89.37	Please refund -Corrected bill submitted
421241044	JOE MOONJELY	IA	2023	\$131.67	\$131.67	\$131.67	Services provided after members termination date 05/07/2023
421241044	CHRISTOPHER C SCHUSTER MD	IA	2018	\$66.80	\$66.80	\$66.80	99214 on 18M128359700 is included in the payment of Proc 99215 on 18N117406700

421241044	CHRISTOPHER C SCHUSTER MD	IA	2019	\$43.23	\$43.23	\$43.23	99213 on 19F062346200 is included in the payment of Proc 96372 on 19I038039200
421241044	THOMAS E NOVAK	IA	2021	\$173.00	\$61.00	\$61.00	According to the NCCI National Correct Coding Initiative HCPCS G0127 is considered included in allowable for CPT 11721 and should not be separately reimbursed.
421241044	MARGARET T EKROTH MD	IA	2022	\$224.75	\$224.75	\$224.75	

Total Balance Due	\$4,722.29
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